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APPLICANTS

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\*\* CONTINUING DATA *NONE AB*

\*\* FOREIGN APPLICATIONS *NONE AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *AB*

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TITLE  
 VARIABLE LOSSY COMPRESSION

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